

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/568,776
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2	1							52					
3		1						53					
4		1						54					
5		1						55					
6		1						56					
7	1							57					
8	1							58					
9	1							59					
10	21							60					
11	13							61					
12		1						62					
13		1						63					
14		1						64					
15		1						65					
16								66					
17								67					
18								68					
19								69					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5	↓			↓			TOTAL IND.		↓			↓
TOTAL DEP.	10	←			←			TOTAL DEP.		←			←
TOTAL CLAIMS	15							TOTAL CLAIMS					